



State of Tennessee
Department of Commerce and Insurance
Tennessee State Board of Accountancy
500 James Robertson Parkway
Nashville, TN 37243-1141
615-741-2550 or 888-453-6150
www.tn.gov/commerce/boards/tnsba

Instructions:

All application packets for a Tennessee CPA Firm license must contain the following completed forms:

- The Initial Application Form
- The Firm Ownership, CPA Employees & Other State License Confirmation Form
- The Experience Affidavit for Office/Firm Permit

If the firm is a LLP, LLC, Corporation, PC or PLLC the Secretary of State's Registration of Business Charter must be included in the application packet.

If the firm indicates Attest Services will be performed, the firm must be enrolled in a Board approved Peer Review Program within the first 30 days of licensure.

If the firm indicates Attest Services will not be performed, the application packet must contain a completed Request for Exemption from Peer Review Affidavit.

Mailing Address: <http://tn.gov/commerce/boards/tnsba/index.shtml>
Tennessee State Board of Accountancy
500 James Robertson Parkway
Nashville, TN 37243

Phone: 888-453-6150 or 615-741-2550



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Firm Registration Fee: \$50.00

Firm ID Number: _____
(Assigned by TNSBA)

Lic. Approval Date: _____

INITIAL APPLICATION FOR: REGISTERED ACCOUNTING FIRM

Firm Name _____

Phone Number (____) _____ Fax (____) _____ E-Mail _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Organization Type: Sole Proprietorship Partnership *LLP *LLC *Corporation *PC *PLLC
(Circle One)

*Must attach Secretary of State's registration of business charter

Circle All Services Firm plans to perform: Audits Reviews Compilations SSARS 8 Agreed-upon Procedures
No Reports Taxes

If your office performs attest services, you must have a peer review performed once every three (3) years.

Circle Peer Review Program in which Firm Plans to enroll: AICPA TSCPA EXEMPT*
*Request for exemption must be submitted with application

Has the firm adopted a system of quality control in accordance with the provisions of the
AICPA Statements on Quality Control Standards? YES NO

Who is Responsible for Quality Control System: Name _____
Certificate No. _____ State _____

List each CPA who is responsible for supervising attest services and signs or authorizes someone to sign the accountant's report
on the financial statements on behalf of the firm (each person listed must complete experience affidavit):

Has the firm been subjected to disciplinary action by any governmental or professional agency? YES* NO

*If Yes, please provide additional documentation to the Board office

If this is a successor firm, list Name and License Number of firm to be closed:

Lic. No. _____

Signature _____ Date _____
Applications for registration must be received within 30 days of beginning operation.

Firm Ownership, CPA Employees & Other State License Confirmation

Tennessee State Board of Accountancy

500 James Robertson Parkway, Nashville TN 37243

Must be completed by all firms for initial licensure and all firms (other than those held as sole proprietorships with no CPA employees) at license renewal.

Provide information for all 4 sections of the form – using Not Applicable or N/A if the area does not apply to your firm.

Complete the following table for all CPA Owners regardless of state of licensure or residency:

Name	Address	CPA Lic. No.	State	Percent Interest Own	Vote	Attest Yes/No

Complete the following table for all NON-CPA Owners regardless of state of licensure or residency:

Name	Address	Percentage of: Work Time Own Vote		

Complete the following table for CPA Employees regardless of state of licensure or residency:

Name	Address	CPA Lic. No.	State	Attest Yes/No

Complete the following table concerning other state CPA Firm Licenses:

State	Permit #	Applied	Granted	Denied	Revoked	Suspended

Print Firm Name

TN Firm No.

Signature Resident Manager

Date

EXPERIENCE AFFIDAVIT FOR OFFICE/FIRM PERMIT

(Must be Completed and Submitted with Initial Firm Application No Matter What Services are to be Performed)

Last Name Name	First Name	Middle Initial	Maiden
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Address: Zip	Street	City	State
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For purposes of TCA 62-1-108(c) (2) and (3) – two years of accounting experience will be satisfactory to the Board if the individual licensee who is responsible for supervising attest services and signs or authorizes someone to sign the accountant's report on the financial statements on behalf of the firm shall meet professional competencies and shall have no less than two (2) years experience within the last 10 years in the preparation of financial statements or reports on financial statements gained through employment in government, industry, academia or public practice. The new firm, performing attest services, must be enrolled in a Board approved peer review program (Rule 0020-2-.03(1)(d)).

The applicant is (was) employed by _____

Beginning _____ to _____ (Do NOT state "to present")

The employer was (circle one): Government Entity CPA Firm Private Entity
Other _____

If other, please describe: _____

Provide Dates (to and from) for the Following Experiences (indicate N/A if not applicable)

Financial Audits _____ Reviews _____

Internal Financial Audits _____ Compliance Audits _____

Compilations _____

ATTESTATION:

I so swear (affirm) that the information contained in this self-affidavit is true, correct and complete.

Signature

Date

Printed Name

CPA Certificate/License Number



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Affidavit: Initial Firm Application with Request for Exemption from Peer Review

The Peer Review Committee of the Tennessee State Board of Accountancy must approve your request to be exempt from the Peer Review requirement. Once approved, you will not be required to have a Peer Review. However, if you plan to perform any compilation, review or audit services after the date of this form, you must notify the Board of the work to be performed and enroll in an approved Peer Review Program. The Peer Review Program with which you enroll must then notify the Board of your enrollment. Failure to comply will result in a formal complaint being filed with the Board against your firm.

Please indicate at the bottom of this form that you are in agreement with these Board requirements and return it to our office with your firm application.

With my firm application I am requesting an exemption from the Tennessee State Board of Accountancy's Peer Review requirement and if in the future I plan to provide any compilation, review or audit services, I agree to enroll in a Tennessee State Board of Accountancy approved Peer Review Program. I further agree that I will have the first compilation, review or audit report issued reviewed by that approved Peer Review Program and after that review will have a Peer Review every three years.

Firm Name

Resident Manager Signature

Date

Sworn and subscribed Before Me this the _____ day of _____ 20____

(Notary Seal)

Notary Signature

My Commission Expires: _____